

# California Resident Income Tax Return 2001

FORM

**540**

Fiscal year filers only: Enter month of year end: month \_\_\_\_\_ year 2002.

## Step 1

Place  
label here  
or printName  
and  
Address

Your first name		Initial	Last name		PBA Code	
If joint return, spouse's first name		Initial	Last name			
Present home address — number and street, PO Box, or rural route					Apt. no.	PMB no.
City, town, or post office					State	ZIP Code

P  
AC  
A  
R  
RP

## Step 1a

SSN

Your social security number									Spouse's social security number								

**IMPORTANT:**  
Your social security number  
is required.

## Step 2

### Filing Status

Fill in only one.

- 1 ☐ Single  
2 ☐ Married filing joint return (even if only one spouse had income)  
3 ☐ Married filing separate return. Enter spouse's social security number above and full name here \_\_\_\_\_  
4 ☐ Head of household (with qualifying person). STOP. See instructions.  
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died \_\_\_\_\_.

## Step 3

### Exemptions

- 6 If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ..... ● 6 ☐
- For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.
- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions ..... 7 ☐ X \$79 = \$ \_\_\_\_\_
- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 ..... 8 ☐ X \$79 = \$ \_\_\_\_\_
- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ..... ● 9 ☐ X \$79 = \$ \_\_\_\_\_
- 10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit ..... 10 **Total** \$ \_\_\_\_\_
- 11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse. \_\_\_\_\_

### Dependent Exemptions

Total dependent exemption credit ..... ● 11 ☐ X \$247 = \$ \_\_\_\_\_

## Step 4

### Taxable Income

Attach check or  
money order here.

- 12 State wages from your Form(s) W-2, box 16 ..... ● 12 \_\_\_\_\_
- 13 Enter federal adjusted gross income from Form 1040, line 33; Form 1040A, line 19; Form 1040EZ, line 4; or TeleFile Tax Record, line I ..... 13 \_\_\_\_\_
- 14 California adjustments — subtractions. Enter the amount from Schedule CA (540), line 33, column B .... ● 14 \_\_\_\_\_  
**Caution:** If line 33, column B is a negative amount, see Schedule CA (540), line 33 instructions.
- 15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ..... 15 \_\_\_\_\_
- 16 California adjustments — additions. Enter the amount from Schedule CA (540), line 33, column C ..... ● 16 \_\_\_\_\_  
**Caution:** If line 33, column C is a negative amount, see Schedule CA (540), line 33 instructions.
- 17 California adjusted gross income. Combine line 15 and line 16 ..... ● 17 \_\_\_\_\_
- 18 Enter the larger of: 

{	Your California <b>itemized deductions</b> from Schedule CA (540), line 40; <b>OR</b>	}
	Your California <b>standard deduction</b> shown below for your filing status:	
	• Single or Married filing separate ..... \$2,960	
	• Married filing joint, Head of household, or Qualifying widow(er) ..... \$5,920	
	(Dependent of someone else and filled in the circle on line 6 ..... See instructions)	

 ..... ● 18 \_\_\_\_\_
- 19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- ..... 19 \_\_\_\_\_

## Step 5

### Tax

Attach copy of your  
Form(s) W-2, and  
W-2G. Also, attach  
any Form(s) 1099  
showing California  
tax withheld.

- 20 Tax. Fill in circle if from: ☐ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 or ☐ FTB 3803 ..... ● 20 \_\_\_\_\_  
**Caution:** If under age 14 and you have more than \$1,500 of investment income, read the line 20 instructions to see if you must attach form FTB 3800.
- 21 Exemption credits. If your federal AGI is more than \$130,831, see instructions. Otherwise, add line 10 and line 11 and enter the result here ..... 21 \_\_\_\_\_
- 22 Subtract line 21 from line 20. If less than zero, enter -0- ..... 22 \_\_\_\_\_
- 23 Tax. Fill in circle if from: ☐ Schedule G-1, Tax on Lump-Sum Distributions  
☐ form FTB 5870A, Tax on Accumulation Distribution of Trusts ..... ● 23 \_\_\_\_\_
- 24 Add line 22 and line 23. Continue to Side 2 ..... 24 \_\_\_\_\_

Your name \_\_\_\_\_ Your SSN: \_\_\_\_\_

## Step 6

### Special Credits and Nonrefundable Renter's Credit

25 Amount from Side 1, line 24 ..... 25 \_\_\_\_\_  
28 Enter credit name \_\_\_\_\_ code no \_\_\_\_\_ and amount ..... ▶ 28 \_\_\_\_\_  
29 Enter credit name \_\_\_\_\_ code no \_\_\_\_\_ and amount ..... ▶ 29 \_\_\_\_\_  
30 To claim more than two credits, see instructions ..... ● 30 \_\_\_\_\_  
31 Nonrefundable renter's credit. See instructions for "Step 6" ..... ● 31 \_\_\_\_\_  
33 Add line 28 through line 31. These are your total credits ..... 33 \_\_\_\_\_  
34 Subtract line 33 from line 25. If less than zero, enter -0- ..... 34 \_\_\_\_\_

## Step 7

### Other Taxes

35 Alternative minimum tax. Attach Schedule P (540) ..... ● 35 \_\_\_\_\_  
36 Other taxes and credit recapture. See instructions ..... ● 36 \_\_\_\_\_  
37 Add line 34 through line 36. This is your total tax ..... ● 37 \_\_\_\_\_

## Step 8

### Payments

38 California income tax withheld. See instructions ..... ■ 38 \_\_\_\_\_  
39 2001 CA estimated tax and other payments. See instructions ..... ■ 39 \_\_\_\_\_  
41 Excess SDI. See instructions ..... ■ 41 \_\_\_\_\_  
Child and Dependent Care Expenses Credit. See instructions; attach form FTB 3506

● 42 \_\_\_\_\_ - - - - - ● 43 \_\_\_\_\_ - - - - -  
■ 44 \_\_\_\_\_ - - - - - ■ 45 \_\_\_\_\_ - - - - -

## Step 9

### Overpaid Tax or Tax Due

46 Add line 38, line 39, line 41, and line 45. These are your total payments ..... 46 \_\_\_\_\_  
47 Overpaid tax. If line 46 is more than line 37, subtract line 37 from line 46 ..... 47 \_\_\_\_\_  
48 Amount of line 47 you want applied to your 2002 estimated tax ..... ■ 48 \_\_\_\_\_  
49 Overpaid tax available this year. Subtract line 48 from line 47 ..... ■ 49 \_\_\_\_\_  
50 Tax due. If line 46 is less than line 37, subtract line 46 from line 37 ..... 50 \_\_\_\_\_

## Step 10

### Contributions

CA Seniors Special Fund. See instructions ..... ● 51 _____ 00	CA Breast Cancer Research Fund ... ● 56 _____ 00
Alzheimer's Disease/Related Disorders Fund ..... ● 52 _____ 00	CA Firefighters' Memorial Fund ... ● 57 _____ 00
CA Fund for Senior Citizens ..... ● 53 _____ 00	Emergency Food Assistance Program Fund ..... ● 58 _____ 00
Rare and Endangered Species Preservation Program ..... ● 54 _____ 00	CA Peace Officer Memorial Foundation Fund ..... ● 59 _____ 00
State Children's Trust Fund for the Prevention of Child Abuse ..... ● 55 _____ 00	Lupus Foundation of America, California Chapters Fund ..... ● 60 _____ 00

64 Add line 51 through line 60. These are your total contributions ..... ● 64 \_\_\_\_\_

## Step 11

### Refund or Amount You Owe

65 REFUND OR NO AMOUNT DUE. Subtract line 64 from line 49. Mail to:  
FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002 ..... ■ 65 \_\_\_\_\_  
66 AMOUNT YOU OWE. Add line 50 and line 64. See instructions. Mail to:  
FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 ..... ■ 66 \_\_\_\_\_

## Step 12

### Interest and Penalties

67 Interest, late return penalties, and late payment penalties ..... 67 \_\_\_\_\_  
68 Underpayment of estimated tax. Fill in circle: ○ FTB 5805 attached ○ FTB 5805F attached ..... ■ 68 \_\_\_\_\_  
69 Total amount due. See instructions ..... 69 \_\_\_\_\_  
70 If you do not need California income tax forms mailed to you next year, fill in the circle ..... ● 70 ○

## Step 13

### Direct Deposit (Refund Only)

Do not attach a voided check or a deposit slip.  
Fill in the boxes to have your refund directly deposited. Routing number ..... ● \_\_\_\_\_  
Account Type:  
Checking ● ☐ Savings ● ☐ Account number ..... ● \_\_\_\_\_

## Sign Here

It is unlawful to forge a spouse's signature.

Joint return?  
See instructions.

**IMPORTANT:** See "Attachments to your return" on page 9 in the Form 540 instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. 9

Your signature \_\_\_\_\_ Daytime phone number ( ) \_\_\_\_\_  
X \_\_\_\_\_  
Spouse's signature (if filing joint, both must sign) \_\_\_\_\_  
X \_\_\_\_\_  
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) \_\_\_\_\_ Date \_\_\_\_\_  
Paid preparer's SSN/PTIN \_\_\_\_\_  
Firm's name (or yours if self-employed) \_\_\_\_\_ Firm's address \_\_\_\_\_ FEIN \_\_\_\_\_